LEAD® - LAW ENFORCEMENT ASSISTED DIVERSION

A Planning and Operations Toolkit produced by the
LEAD National Support Bureau for use by the State of Maryland

About This LEAD Planning and Operations Toolkit

Produced by the LEAD National Support Bureau to support communities that are exploring, developing, launching, and operating LEAD, this Toolkit is the nation's only authorized LEAD resource guide. It explains processes, provides customizable tools, and outlines the necessary resources (both human and capital) to support an initiative's success and sustainability.

It is intended to complement, not substitute for, the customized technical assistance available through the LEAD National Support Bureau.

About the LEAD National Support Bureau

Founded in 2016 to respond to growing interest in LEAD replication across the United States, the LEAD National Support Bureau (the Bureau) is the nation's only authorized resource to provide training, technical assistance, and strategic guidance to jurisdictions developing, implementing, or interested in understanding LEAD initiatives. The Bureau is staffed a team of LEAD practitioners who developed and implemented LEAD initiatives both in Seattle and across the country. The Bureau also draws on the expertise of prosecutors, police, case managers, and public safety leaders who are now using LEAD on the ground and are available to share lessons learned with their peers around the nation.

The LEAD National Support Bureau provides technical assistance to sites throughout the United States and internationally, through customized presentations, webinars, monthly hosted conference calls, site visits to the Seattle flagship program and to local LEAD sites, and ongoing communication. Much of the Bureau's technical assistance is available on a pro bono basis; for more intensive and ongoing technical assistance and support, sites can also contract with the Bureau.

LEAD and the Federal National Training and Technical Assistance Center (NTTAC)

Through a partnership with the Bureau of Justice Assistance National Training and Technical Assistance Center (NTTAC), the LEAD National Support Bureau may be able to provide customized support, training, and site visits – at no cost – to local LEAD sites that apply to the NTTAC for this purpose. Through the NTTAC, sites submit a simple application to request the Bureau's assistance in LEAD design, implementation, fidelity, oversight, or evaluation.

To request technical assistance from the Bureau through the NTTAC, submit an application through their online portal at bjatta.bja.ojp.gov. Type "LEAD National Support Bureau" in the requested provider box. If you make such a request, we'd appreciate hearing about it! If your request for assistance from the LEAD Bureau is not approved by BJA, we will still work with your jurisdiction, within our existing resource constraints.

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I. HOW TO USE THIS TOOLKIT TO SUPPORT YOUR LEAD INITIATIVE

Produced by the LEAD National Support Bureau to support efforts to implement LEAD with fidelity in the state of Maryland, this toolkit is designed to help jurisdictions in understanding LEAD's purposes, structures, and methods. It is intended to help site stakeholders differentiate between the foundational principles essential to implementing LEAD with fidelity, and those that can be adapted to reflect local priorities and conditions.

This toolkit should serve as a touchstone for jurisdictions at all stages of a LEAD initiative: during early consideration, active planning, and ongoing implementation. Rather than sitting on a shelf in a project manager's office, it should be shared with, understood, and regularly reviewed by all stakeholders responsible for a site's design, operations, and stewardship. It should also be made available upon request to any party interested in understanding and implementing LEAD.

This document should be used to support foundational orientation and training for LEAD's organizational partners, including members of its Policy Coordinating Group and its Operations Work Group. It should serve as a ready reference to help sites define their primary population, select their geographic or jurisdictional reach, and identify divertible offenses.

Further, it should be used as core reference source in selecting, onboarding, and assessing the site's project manager; hiring and training line staff; contracting with service providers; and educating and engaging the community. Finally, it should also be used in developing a site's sustainability and evaluation plans, assessing its progress, and making adjustments over time.

This toolkit contains an extensive appendix of sample documents and presentations, which are offered as reference and which can be adopted to reflect the needs of local sites.

II. LEAD: WHY AND HOW IT BEGAN

After decades of an expensive, harmful, and ineffective War on Drugs, in recent years it's become widely accepted that we can't enforce or arrest our way out of the problems related to drug use and mental illness. Still, two-thirds of the people arrested in this country are mentally ill[1] or drug dependent,[2] and more than 60% of people in jail custody are being held for offenses that pose little risk to public safety: low-level misdemeanors or infractions, such as drug possession, trespass, or disorderly conduct.[3,4]

Jail isn't an effective response to these problems; in fact, jail is *harmful*: Studies show that being jailed even for a short time increases a person's risk of engaging in crime,[5] decreases employment and tax-related government benefits,[6,7] increases homelessness,[8] and exacerbates the racial disparities embedded into our society.[9] For people with mental illness or substance use disorder, jail's effects are even more detrimental: They are taken off Medicaid, receive inadequate care in custody, are more likely to be sanctioned for rule infractions, are subjected to harsher sentences, and are disproportionately returned to jail.[10] And the devastating intergenerational impact on children when their parents are jailed, even for short periods, is well-documented.[11] Throughout our criminal legal system – from arrest through prosecution and sentencing – pervasive racial disparities cannot be denied.[12]

Further, questions about the role of police and policing in our communities, and of the racially disparate impact on our communities' longstanding over-reliance on police to respond to every kind of social

problem – from the smallest interpersonal frustration to devastating acts of violence – have gathered into a full-throated national debate.

But if the criminal legal system is not the proper venue to address the very real challenges posed by unmanaged behavioral illness, and given that inequitable law enforcement in fact exacerbates racial inequities, it's also true that we cannot simply ignore the distressing realities of unmanaged behavioral illness so evident on our streets. Public intoxication, persistent trespass, open-air drug use, theft, overdose – these cannot be overlooked, and the people suffering with these challenges must not be swept into the corner, excoriated, or abandoned.

After years of mounting complaints, lawsuits, and confrontations regarding the deeply flawed responses to these problems, in 2011 a diverse group of stakeholders in Seattle, WA, came together to develop a collective new strategy to create an effective and racially equitable alternative to repeated arrests and incarceration for people whose low-level unlawful conduct stems from unmet behavioral health needs. Together, this uncommon coalition – police, prosecutors, civil rights advocates, public defenders, political leaders, mental health and drug treatment agencies, housing organizations, service providers, businesses, and neighborhood leaders – launched what has proven to be an effective, replicable, and equitable new method to divert people away from punishment and toward care. They named it LEAD® - Law Enforcement Assisted Diversion, the nation's first *pre-arrest, pre-booking* alternative.

LEAD isn't a "program," any more than a police officer taking somebody to jail is a "program." Instead, LEAD is a robust and coordinated system of response that replaces the traditional pipeline of punishment with long-term, patient, non-coercive, and nonjudgmental care coordination. Unlike other forms of diversion, such as divert-to-treatment or drug courts, LEAD doesn't impose sanctions, establish deadlines, mandate behavior, or demand abstinence.

Instead, LEAD's approach is grounded in the evidence of what works best to support complex people with complex needs. As social science tells us, a person's readiness to change their detrimental behaviors follows no steady course – it can come slowly, may suffer setbacks, and is sparked by internal motivators; with behavioral change, it's often two steps forward, one step back.

The criminal legal system isn't built for that. *But LEAD is*. LEAD's case managers offer trauma-informed, strength-based unconditional support, motivational interviewing techniques, and harm reduction practices to spark and nurture incremental progress, a fundamentally different approach than the usual benchmarks for success as defined by the criminal legal system, or by abstinence-only and clinical approaches.

Perhaps most importantly, LEAD's transformative impact for individuals and systems stems from doing both more – and less – than the systems it replaces: more partnership, more coordination, more access to care, more patience, more trust, and less coercion, less punishment, less state control. Rather than either punishing people for their illnesses or turning a blind eye to the troubles on our streets, LEAD draws together into collective effort the very stakeholders whose systems it seeks to transform.

III. WHY LEAD NOW?

A. Reducing Inequities Through Collective Response

LEAD strives to change collective and systemic responses to problematic conduct associated with unmanaged behavioral health challenges. The LEAD model recognizes that the most powerful mechanism to change the cycle of enforcement, arrest, and incarceration lies in changing the systems that criminalize and punish such conduct, or that require individuals to navigate and conform to the structures and expectations of service organizations. Rather than focusing exclusively, or even primarily, on changing the choices, challenges, and decisions of people living with behavioral health conditions, LEAD strives to change the premises, policies, and practices of systems-level agents.

As a core premise, this theory of change presumes that it's by transforming its criminal legal and service systems that a community can most effectively interrupt the unproductive cycle of repeated arrest and incarceration, develop alternatives to our over-reliance on policing, improve public order and justice, and improve people's quality of life.

To define and institutionalize these systemic changes, LEAD establishes a framework of collective development and oversight, shared values and policies, multi-sector operational integration, intentional inclusion of diverse expertise and authorities, and high quality management and evaluation.

B. Changing Systems Through Collective Impact

Recognizing that it takes coordinated work by multiple systems to address systemic problems and effect systemic change, LEAD uses a collective impact framework[13] in which each LEAD site is guided and shaped by its jurisdiction's partners, including law enforcement, project managers, prosecutors, case managers, and community stakeholders. Together, they convene both a Policy Coordinating Group (PCG) and an Operations Work Group (OWG) to create partnership agreements, develop eligibility policies, maintain consistent communications, assess their progress, and support participant success.

It's often forgotten that law enforcement officers don't make the law; they are simply tasked with enforcing it. But police officers know firsthand that arresting a person over and over doesn't effect any real change. So LEAD equips communities with a new way to respond to problems for which arrest and detention are both common and ineffective. LEAD does not require changes to existing state or local laws; instead, it forges robust inter-agency agreements, partnerships, policies, and practices that jointly constitute an effective new strategy.

In sum, LEAD is designed to achieve six outcomes:

1. **REORIENT** collective response to safety, disorder, and health-related problems;

2. **IMPROVE** public safety and public health through research-based, health-oriented, and harm reduction interventions;

3. **REDUCE** the number of people—particularly Black, Brown, and Indigenous people—entering the criminal legal system through punitive responses to low-level conduct related to unmet behavioral health needs;

4. **ELIMINATE** racial disparities at the front end of the criminal legal system;

5. **SUSTAIN** funding for alternative interventions by capturing and reinvesting systems savings; and

6. **IMPROVE** police-community relations.

C. LEAD and Racial Equity

As communities across the United States confront the urgent crisis of racially discriminatory policing, mass criminalization, and incarceration, the clarion call for deeply transformative change cannot be ignored. The destructive and racially discriminatory legacy of this nation's "war on drugs" and its reliance on over-policing of communities of color have fueled and sustained massive inequities, both within the criminal legal system and throughout our nation.

A systemic pattern of racial inequities is inarguably apparent throughout our criminal legal system, beginning at its front door – rates of arrest. In 2018, the per capita rate of arrests of Black adults for any charges was 2.4 times that of whites.[14] This statistic remains true when considering rates of arrest on low-level drug-related charges; again, Black arrest rates are more than double those of whites, while federal research shows that rates of illicit drug use are roughly equivalent for Blacks and whites in the United States.[15]

Recognizing the power and consequence of these patterns of historic and systemic inequity, LEAD is intentionally designed to reduce racial disparities by forging systemic new approaches that explicitly strive to increase racial equity and justice. Sites should establish mechanisms to capture and review racial data throughout the LEAD continuum, including diversion-eligible arrests; rates of arrest-diversions and social contact referrals made; enrollment; retention; and services. Sites should be alert to unintended consequences and their racial implications, should assess operational impacts on racial disparities, adjust policies and procedures to reduce disparities, and provide transparent insight into their work to improve racial equity.

Furthermore, LEAD sites are encouraged to increase racial equity by examining and redressing organizational and systemic biases. Procedural justice, fair and impartial policing, the science of trauma, and evidence-based approaches to behavioral illness – these are essential to reducing bias and misinformation.

It is further recommended that LEAD sites work with civil rights, racial justice, and harm reduction advocates and agencies within their communities to ensure that racial disparities and equity are kept at the forefront of collective intention. Community Leadership Teams can be essential partners in ensuring that LEAD's purposes, policies, and procedures stay true to the call for racial equity.

D. The People LEAD Serves

Many people who have occasional contact with the social safety net, public health systems, or the criminal legal system can often find the support and resources they need to navigate out of difficult and typically temporary challenges. For them, office-based, time-limited, and specifically focused services are effective and appropriate.

These are not the people LEAD is intended to serve.

Rather, LEAD exists to establish a new system of response and care for people who live with unmanaged behavioral health needs, deep experiences of complex trauma, cognitive disabilities, persistent poverty,

and often lifelong experiences of punishment, failure, betrayal, and marginalization—people who are not served by office-based, appointment-based, time-delimited care.

Sometimes dubbed "familiar faces," "persistent offenders," "super utilizers," or HUMS ("high utilizers of multiple services"), these are people who, in the absence of more accessible resources, have disproportionate contact with emergency departments, psychiatric health systems, public shelters, and criminal legal systems. LEAD serves people who cannot, on their own, grab hold of whatever safety-net services might be locally available. In short, they need a system that involves less harm, more time, more care, more adaptability. They may need access to medication-assisted therapy, health and safety resources, food, housing, legal advocacy, job training, and other services.

To reorient the system, LEAD builds a supportive offramp from the criminal legal system into long-term, community-based, harm reduction case management, improving matters even though, after decades of disinvestment, our current systems of care are imperfect and under-resourced.

E. Who LEAD Doesn't Serve: Avoiding Net-Widening

LEAD provides an important opportunity to change the system's trajectory from the criminal legal system's paradigm of punishment to community-based care – certainly an appealing prospect for many.

However, it is important to safeguard LEAD against what is known as "net-widening," in which a society or community increases the array of behaviors (and thus people) subject to control by the criminal legal system. Net-widening refers to the process of criminalizing behaviors that might otherwise be considered issues of public health, civil infractions, or simple community norms. For example, behaviors as common as jay-walking, carrying condoms or syringes, or sitting on a sidewalk are often criminalized and then selectively enforced, as a result of which many people in highly policed areas are arrested for behaviors that would go unpunished in other neighborhoods. Net-widening can also occur when apparent criminal legal "reforms" paradoxically result in a larger number of people being caught in the criminal legal net. When probation is perceived as a "less punitive" alternative to jail, for example, it can end up increasing the overall number of people subject to supervision and control.

This concern about net-widening can generate anxiety about LEAD's unintended effects. For example, advocates for and of the sex worker community have expressed fears and concerns that LEAD invites increased law enforcement involvement and surveillance. LEAD's use of discretion, which authorizes an officer to decide whether or not to refer a diversion-eligible person to LEAD, causes further concern; given the history of police interactions with sex workers—particularly sex workers of color and trans sex workers—it is no surprise that this community is suspicious of any initiative that emphasizes an officer's discretion. Instead, many sex worker advocates have called not for a revised form of police interaction but for less police interaction with sex workers, and for decriminalization or legalization of sex work.

Thus, to reduce the risk of net-widening, it is essential for all LEAD stakeholders to maintain clear focus on its intended population: people repeatedly arrested for low-level offenses associated with unmet behavioral health needs, trauma, and/or extreme poverty. To this end, it is important for project managers to work with Policy Coordinating Groups to identify other community services to which people can be referred.

F. Defining "Progress" in LEAD

Many diversion initiatives measure "success" by counting outputs – how many people were diverted, how many were enrolled into treatment, how many jail beds were reduced, how many graduated from drug court. These are reasonable measures, to be sure. But with LEAD, the presenting questions should always be, "What do we really want to change, and how will we measure that?"

In LEAD, definitions and metrics of "progress" are determined by the local stakeholders, usually through collaborative conversations among both operational partners and decisional partners. What matters, in measurement, is to clearly identify the specific problems that LEAD stakeholders are attempting to address with LEAD. By partnering with a community's full range of stakeholders, LEAD attempts to reorient the collective systems that shape the conditions in which people live.

It's important to remember that LEAD is not a social service initiative focused entirely on helping improve outcomes for individuals; at base, it is a systems-change initiative that strives to reduce racial disparities in our communities and reorient systemic responses to the challenges of behavioral illness, trauma, and poverty by changing the roles, scopes, and decision-making processes of institutional stakeholders. Thus, with LEAD, individual outputs are not the sole area of attention; indeed, a jurisdiction may find itself identifying goals in multiple realms.

Thus, it is important for LEAD initiatives to consider not only the individual-level goals, but also collective and systemic goals, when defining and tracking progress. Goals may be:

- **Individual**, such as improving rates of enrollment into public benefits and healthcare, and reducing overdose, arrest, and incarceration for people with historically highest rates of arrest for LEAD-eligible charges;

- **Jurisdictional or neighborhood-specific**, such as reducing incidents of repeated arrest, trespass, and disorderly conduct related to unmet behavioral needs in a precinct's downtown shopping district;

- **Systemic**, such as reducing over-dependence on police to address the challenges of unmanaged behavioral illness while increasing the scope and role of community-based responders and resources; reducing the racial disparities of arrest for drug use; reducing jail bookings for low-level but problematic conduct; developing capacity for long-term case management to augment the work of crisis intervention teams; and/or building harm-reduction capacity to meet the needs of people who are not appropriate for abstinence-only recovery models or specialty courts.

On the individual level, it's common for people to ask, "How do you define participant success?" "How long is the program?" "How many people graduate?" The answer is: Each LEAD site defines success differently. A few things are non-negotiable. There is no time limit for participation in LEAD. There is no "stick" in LEAD – the referring arrest doesn't get held over the person's head. There is no failure – people can't be kicked out for not meeting some externally determined goal. Rather, what LEAD tries to do, on the individual level, is support people in reducing the harm they cause to themselves and others. In doing so, LEAD serves all of us.

G. LEAD's Foundational Principles

While LEAD is a highly adaptable model designed to reflect the priorities established by each site's local stakeholders, at its core it is built on a framework of non-negotiable principles. To implement LEAD with fidelity, sites must recognize, reflect, and retain these core principles:

- **Reducing Involvement in the Criminal Legal System**: LEAD reduces the number of people—particularly Black, Brown, and Indigenous people—entering the criminal legal system through punitive responses to low-level conduct related to unmet behavioral health needs.

- **Non-Coercive**: LEAD rejects systemic coercion—there is no "stick" once people enroll in LEAD. Because LEAD is intended to reduce the harms for all people it serves, LEAD stakeholders must agree that the referred arrests shall not be submitted to further criminal legal action and that referred arrests can't be held in abeyance for some future date. Further, LEAD stakeholders must agree that referral to LEAD or participation in LEAD may not be used in any way to harm, intimidate, or coerce participants, and that accepting referral is an entirely voluntary decision.

- **Collective Stewardship and Ownership**: In any jurisdiction, LEAD isn't owned by any entity; it is owned, stewarded, and operated by a collection of systems stakeholders who voluntarily agree that investing in LEAD is preferable to the status quo. To formalize this agreement, each site must be governed and stewarded by both a Policy Coordinating Group and an Operations Work Group.

- **Multidisciplinary Teamwork**: By forging intentional partnerships, integrating operations, and sharing information, LEAD builds a web of support not just for clients, but for the partner agencies as well. As a result, LEAD uses a multidisciplinary team approach allowing for cooperative decision-making and team-based service delivery.

- **Population-Specific and Responsive**: LEAD exists to serve people with complex behavioral health needs who, as the result of systemic failures, are repeatedly brought into contact with the criminal legal system.

- **Diversion as a First Step**: LEAD establishes a coordinated pathway out of the criminal legal system and into long-term, community-based care at the earliest opportunity: the moment of potential arrest. But LEAD recognizes that the moment or mechanism of diversion is just a first step, not the last word; what matters is what happens *after* diversion. LEAD sites strive to improve the system of community care and resources, and reduce the role and scope of the criminal legal system.

- **Meeting Clients Where They Are (Literally)**: LEAD is designed to shift the ways that systems operate, so as to reach and support people typically marginalized, criminalized, or overlooked by existing systems. This means that all client-facing staff must be nimble, adaptive, and flexible; the great majority of client engagement is in the field, rather than in offices; much of the client interaction is provided in interagency teams; and close coordination and joint planning are critical to client success.

- **Trauma Informed**: Consistent with best practices and with LEAD's primary intention to replace criminal legal sanctions with health-based opportunities, LEAD shuns lecturing, hectoring, blaming, shaming, or threatening clients. Given the nearly universal rates of trauma experienced by people

served by LEAD, LEAD is fueled by its commitment not to add to the harm, grief, shame, and trauma so common to justice-involved people, and which are shown to be detrimental to outcomes.

- **Harm Reduction**: As a theory and practice, harm reduction aims to reduce the level of harm (for oneself and for a larger community) that can be associated with certain behaviors such as substance use. Thus, LEAD sites do not promote, require, or assume that abstinence should be a goal for any participant. This principle is fundamental to the LEAD model.

  Harm reduction has an additional meaning for LEAD: reducing systemic harm. LEAD was developed specifically to recognize, illuminate, and reduce the harms caused by the criminal legal system, by other public systems, and by systemic and institutionalized racism.

  Further, LEAD recognizes and strives to reduce the harms that can be caused to communities by problematic or unlawful conduct that can stem from unmet behavioral health needs, trauma, and extreme poverty.
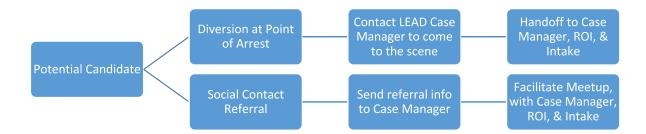
- **Stages of Change**: The Stages of Change model (also called the Transtheoretical Model)[16] operates on the premise that people's readiness to change their behavior develops in stages (often defined as precontemplation, contemplation, preparation, action, and maintenance). It further recognizes that these stages require different intervention strategies in order to cultivate, support, and advance a person's readiness to change. Consistent with this approach, participants cannot "fail out" of LEAD: Once referred and enrolled, a participant is not required to abide by a specific timeline or participate in mandatory activities. Sites may decide to categorize participants as "active" or "inactive" (or similar terms) as indicated by participation indicators established in each site, but participants cannot be terminated from LEAD (unless they violate the site's Code of Conduct).

- **Relationships *as* the Resource:** As a foundational premise, LEAD holds that all people have value and are worthy of compassion and support; that positive, patient, respectful, sustained, and non-judgmental relationships are essential to human health; and that the trust built from such relationships fosters people's willingness to change and grow. The relationship between participant and case manager is the most powerful agent of transformation.

- **Peer Value**: With its focus on relationship as a primary agent of change, LEAD elevates and emphasizes the role of peer staff whose lived experience, combined with professional expertise, makes them particularly qualified to weave the threads of relationship, trust, and candor into effective outreach, engagement, and sustained connection.

IV. HOW LEAD WORKS

A. Collaborative, Community-Based Alternative to Arrest

LEAD offers a systemic new option to respond to people repeatedly arrested for a variety of low-level offenses due to unmet behavioral health needs or associated poverty. Rather than the binary choice of arrest/don't arrest, LEAD diverts the person out of the criminal legal system and into long-term, harm-reduction, street-based case management. LEAD's warm hand-off out of the criminal legal system and into long-term case management is at the heart of the LEAD "divert-first" model.

There are two ways a person can be referred into LEAD: an "arrest diversion" and a "social contact" referral. Think of these as two doors that lead to the same room.

Arrest Diversion
Arrest diversion gives law enforcement officers the authority to refer people into LEAD instead of arrest for diversion-eligible offenses.

Social Contact Referral
Social contact referral means that an eligible individual can be referred into LEAD without waiting for the moment of potential arrest. As determined by its Policy Coordinating Group, each LEAD site sets its own policies regarding who can make social contact referrals.

While in the original LEAD model only police officers were authorized to initiate social contact referrals, in subsequent years Seattle and many other jurisdictions have permitted other LEAD stakeholders and community partners to initiate social contact referrals as well. In these cases, the referred individual will still need to be screened against the site's eligibility criteria to ensure that the person's needs are best met through LEAD. Sites should develop protocols for this process of screening and confirmation, as well as protocols for how to refer that individual to alternative resources.

The following points are core principles of social contact referrals:

- People who enter LEAD via social contact referrals should be consistent with the target population who enter through arrest diversion. LEAD is first and foremost a public safety initiative; it is not simply another social service program. Fidelity to this principle must be maintained across diversions and referrals.

- However, if a LEAD site has developed *exclusionary* criteria, people who enter LEAD via social contact referral are not subject to these exclusions. This is because in a social contact referral a person is not in custody, which means that there's no question of whether to detain or release someone from police custody based on any perceived risk related to any criminal history.

- When it's a police officer who makes a social contact referral, the officer should still conduct a warm handoff to a case manager, as a way of reinforcing the shift in the officer's relationship to the person, and to demonstrate the commitment to replace arrest and punishment with care and support. However, if an officer believes that the person will be more receptive to outreach by a case manager, the officer can explain the referral opportunity to the individual and then later coordinate with the case manager to develop an alternative plan for outreach and engagement.

- Participants who are enrolled through a social contact referral follow the same processes as arrest diversions, including signing a release of information, completing a biopsychosocial intake, and working with a case manager. The only difference is that there is no potential charge that can be filed if they don't complete the psychosocial intake.

Whether a referral comes via arrest diversion or social contact referral, it is recommended that sites strive to complete the intake process within 30 days of referral – or sooner, whenever possible.

B. Determining Divertible Offenses

Based on its own local needs and priorities, each LEAD site determines the conduct they wish to make eligible for diversion – and these can be changed over time. When LEAD was originally developed in Seattle, for example, the only divertible offenses were low-level drug use, possession, and sale for subsistence, along with prostitution. As LEAD began being replicated throughout the country, however, many jurisdictions (including Seattle) developed broader arrays of divertible offenses to include other offenses commonly conducted by people with unmet behavioral health needs (including complex trauma) and experiencing chronic homelessness.

This process to determine divertible offenses is an essential element of local self-determination for LEAD sites, to ensure that the selection reflects local priorities, doesn't channel people into LEAD whose needs can be met through existing resource arrays, and is endorsed by local stakeholders. Thus, in developing eligibility criteria, it is essential to solicit widespread input and use data gathered from various systems— including criminal legal and emergency systems— to inform the process of collective decision-making.

C. Legacy Cases and Post-Diversion Arrests

It is to be presumed that people who enroll in LEAD will carry with them unresolved prior legal cases that have not yet been referred to the prosecuting attorney or that have been filed by the prosecuting attorney but not yet resolved at the time of the person's enrollment into LEAD. These can be known as post-diversion arrests. It is also typical for people enrolled in LEAD to be arrested again – perhaps many times – for unlawful conduct in the days, weeks, and months *following* their enrollment. In some sites, these are referred to as legacy cases.

It is the job of each site's PCG to develop policies for how to address these realities, and it is the job of each site's OWG to implement those policies as they apply to specific individual cases.

For cases that have been referred but not yet resolved, prosecutors may agree to review such "legacy" cases to determine whether further prosecution is in the best interest of justice and fosters positive outcomes. And for arrests that occur post-enrollment (and consistent with policies determined by the PCG), the OWG uses its regular meetings to discuss the client's overall progress, collaboratively review information about the client that each OWG member may offer to illuminate the conversation, and collaboratively determine the right course of action.

This is consistent with the LEAD "golden rule": Within their zone of authority, every LEAD partner does what they believe is most likely to support positive behavior change.

D. Case Management, LEAD-Style

Case management in LEAD substantially differs from traditional, office-based case management; from case management that focuses on abstinence and recovery; from case management that takes a clinical approach; and from case management that is time-delimited. In LEAD, case management must be street-based, client-driven, long-term, adaptive, non-clinical, and based in harm reduction. This approach is sometimes called "guerilla case management."

This intensive, noncoercive, community-based approach represents an intentional reorientation away from punishment and compliance, which are hallmarks of the criminal legal system. Expensive, harmful, and ineffective, these longstanding artifacts of repressive policies have for many decades disproportionately harmed, marginalized, and oppressed low-income people, people of color, and LGBTQI and gender-nonconforming people. By reorienting attention and resources away from systems of control and into systems of care, LEAD strives to overturn these legacies.

To foster consistency in premises and practices, all client-facing staff should be trained in key evidence-based methods, such as Motivational Interviewing,[17] stages of change, cognitive behavioral methods,[18] techniques and principles of de-escalation and safety, harm reduction,[19] restorative justice,[20] and privacy/confidentiality.[21]

Because case management in LEAD is based on these essential methodologies, it is crucial that LEAD sites pay great attention to selecting, contracting with, and overseeing a case management agency. Typically, public contracts are awarded after a public bidding process, commonly through the issuance of a Request for Proposals (RFP). Commonly, the PCG is responsible for undertaking this search. In writing an RFP and reviewing proposals, the site's stakeholders should be sure that the process is informed by people with deep expertise in the LEAD model—with its systems-change intention, its foundational methodologies, the ways in which LEAD case management materially differs from system as usual, and its multi-agency partnerships and operations. All of this is especially important in light of the fact that LEAD's approach has implications not only for case managers themselves, but also for case management supervision and for how the case management agency will be expected to participate in collective governance and operations, including collaborative case review, data collection and reporting, training, and operational integration.

Further, all PCGs should recognize and emphasize the importance of street-based (not office-based) services, non-clinical approaches and modalities, extended operational hours, lower than average caseloads, high threshold for initial and ongoing training, proper case management supervision, and the need to compensate case managers with salaries sufficient to foster recruitment, retention, and satisfaction. Cultural competency, bilingualism, understanding of harm reduction, experience in working with highly complex populations, deep commitment to systems transformation, and comfort in highly variable settings are essential. People with lived experience with behavioral illness, arrest and incarceration, trauma, and systemic inequities (including marginalization and trauma related to racism, sexual assault, or homo/transphobia) are of particular value.

E. Harm Reduction

Harm reduction is a set of principles and practices that recognize that not all people who use drugs are willing and/or able to stop their use, that not all drug use is chaotic or harmful, that people who use

drugs deserve full recognition of their humanity without shame and stigma regardless of their relationship to drug use, and that people who use drugs should have full access to the same health and safety interventions as people who choose not to use drugs.

Harm reduction is not a new concept. According to the Harm Reduction Coalition, a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use, harm reduction is "a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs."[22] Expanding this view, we can see that harm reduction also informs methodologies for working with people with mental illness or those living in persistent poverty. Furthermore, harm reduction recognizes the importance of viewing these complex issues as matters of public health and equity.

People in communities with limited access to healthcare, safe housing, healthy food, and other resources have been engaged in harm reduction tactics since the beginning of time. The AIDS crisis gave rise to institutionalized use of practices like needle exchanges and condom distribution to stem the spread of the virus. A patchwork of early needle exchanges in cities and towns across the country ran on volunteer labor and shoestring budgets. In 1993, advocates, service providers, and funders, many of whom were active or former drug users, met to develop a working definition of harm reduction and launch the Harm Reduction Coalition to support their efforts nationwide to provide non-judgmental services to drug users and others at risk of contracting HIV. Over time, they secured a mix of private and public funding and eventually undertook evaluations with independent researchers to prove the superior efficacy of a harm reduction approach versus an abstinence approach to working with people engaged in risky behaviors.

Today, harm reduction practitioners bring necessary health and safety interventions to people in their communities who are otherwise unable or unwilling to access those services in the traditional system and settings, where they have been subjected to racism, stigma, and shame.

While harm reduction has been adopted by public health and medical professionals across the globe as a best practice, it's important to remember it didn't emerge out of academic, scientific, or professional realms; harm reduction has always been and will always be used by the most marginalized members of our communities to keep themselves and their loved ones alive.

F. Stages of Change & Motivational Interviewing

The Stages of Change model (also called the Transtheoretical Model) operates on the premise that people's readiness to change their behavior develops in stages; that people don't change their behavior all at once; some people don't want to make certain changes; and we can't eradicate all harms – so in both private behavior and public policy, we reduce harm where we can. Seat belts, unleaded gas, annual flu vaccines, portion-controlled snack packs, carbon monoxide detectors, sex education, condoms, speed limits – all of these are, in some form or another, examples of harm reduction.

In LEAD, we don't minimize the harms caused to communities by the disruptive or dangerous conduct that can stem from unmanaged behavioral illness; we don't minimize the harms inflicted on people by the criminal legal system; we don't minimize the harms imposed by systems that make health care expensive, judgmental, or intimidating. Instead, we take all of these harms seriously – and recognizing

the powerful realities of cultivating readiness to elicit, compel, or negotiate change, we work together to reduce those harms.

The Stages of Change theory is often mentioned in reference to supporting a desired behavior change in a project's clients, patients, or participants. But in LEAD, we recognize that stages of change theory is also relevant to supporting the reflective assessment of current behaviors and the development of positive new behaviors among all of LEAD's stakeholders, from high-level decision-makers to rank and file officers, direct-service staff, reform advocates, and community members. In LEAD, *everybody* has to reassess and shift their attitudes, beliefs, and understanding.

Given the challenges of supporting both individual and collective change, it is important to remember that the progression towards change is not linear and fixed; rather, it can be seen as a kind of spiral in which habitual behaviors recur, ambivalence to change is real and meaningful—and that it requires patient, persistent, non-coercive support.

The stages of change are defined as follows:

- Pre-contemplation – no intention of changing behavior;

- Contemplation – aware problem exists but with no commitment to action;

- Preparation – intent on taking action to address the problem;

- Action – active modification of behavior;

- Maintenance – sustained change. New behavior replaces the old; and

- Relapse – falling back to old pattern of behavior

Motivational Interviewing (MI) is a foundational technique for LEAD. Recognized as an evidence-based practice to support people in navigating such changes, "MI is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. It is a way to help people talk themselves into changing. A strengths-based approach, MI meets people where they are, regardless of their readiness to change. MI is particularly effective in working with people who are not yet thinking about change or are ambivalent…. Unlike many approaches that tend to increase client resistance, MI is effective in decreasing resistance and thus enhancing a person's willingness to change."[23] In LEAD sites, all client-facing staff should be trained in MI theory and practices, and all client-involved partners (law enforcement, prosecutors, public defenders, other service providers) should be trained in its theory, principles, and implications.

V. GOVERNANCE

As a complex systems-change initiative built on voluntary collaboration among independent decision-makers, LEAD is not "owned" by any one partner. In order for LEAD to work, each partner must understand their role and how they can best bring value to the initiative. Built on a collective impact framework, it recognizes that every partner is essential to the collective effort to address complex problems that no single entity has caused or can remedy alone.

Just as LEAD uses a Stages of Change framework to meet participants where they are, a similar approach can be helpful in approaching a site's many partners. Given the scale of the problem that LEAD seeks to

address, and the varied duties and concerns held by the partners, marked and sometimes divisive differences in role, perceptions, politics, philosophies are unavoidable. Rather than demand that all stakeholders see eye to eye on all issues, it is important that sites stay focused on the concerns and goals they hold in common: that the system of arrest has failed to resolve the challenges of problematic conduct stemming from unmet behavioral health needs; that the harm associated with these unmet needs is real, both for individuals and for the larger community; that none of the project's partners is solely responsible for the problem or its solution; and that working together to build a better strategy is in the best interests of all involved.

Since LEAD recognizes that relationships are the primary resource, it is important never to try to force change in a LEAD partnership; rushing decisions risks interfering with the collaborative nature of the organizational relationships. To this end, LEAD initiatives emphasize consistent and patient discussion, value opportunities to learn from and about other partners' areas of expertise, and utilize consensus decision-making processes rather than majority rules.

Every site is governed, implemented, and managed by three primary bodies: the Policy Coordinating Group, Operations Work Group, and Community Leadership Team (CLT). Each of these bodies is charged with specific responsibilities, which should be outlined in charters that describe each group's role, composition, duties, decision-making processes, and internal structure.

A. Policy Coordinating Group

In each site, the Policy Coordinating Group (PCG) serves as the policy-making and stewardship body for LEAD. The PCG is composed of senior members of their respective agencies who are authorized to make decisions on behalf of their offices. Together, the PCG's members develop the local vision for LEAD; make policy-level decisions for the initiative and within their respective agencies; ensure that sufficient resources are dedicated for the success of the initiative; and review, approve, and modify overarching policies to reflect the site's intentions, including (but not limited to) participant eligibility criteria, inclusion/exclusion criteria, and diversion-eligible criminal charges and exclusionary criteria (if any). In addition, the PCG is responsible for establishing and stewarding evaluation, communications, and budget plans.

Careful attention should be paid to determining the composition of the PCG. Because LEAD sits at the intersection of health, safety, and equity, the PCG's membership should reflect a wide array of relevant decision-makers and influencers. It is also important to realize that the PCG should include essential stakeholders even if – or perhaps especially if – they are skeptical of the LEAD model or of the intentions of other stakeholders at the table. Thus, a PCG should include high-ranking representatives of local law enforcement (police and/or sheriff's departments), public health agencies, mayor, county executive, public defender's office, prosecutor's offices, city council, civil rights and/or racial justice organization(s), community representatives, and the business community. Depending on site-specific issues, the PCG may also include religious leaders, subject-matter experts (such as in housing, behavioral health, employment, sex worker advocacy), and the courts.

In soliciting participation, invitations should clearly articulate an overview of LEAD, why it is being developed, the role of the PCG, the anticipated time commitment, and the ways in which the invited person is important to the project's success. For example, an invitation to the public defender may highlight the ways in which their participation can help ensure that LEAD protects participants' civil

rights; and the invitation to the mayor's office would highlight LEAD's alignment with the mayor's interest in balancing civil rights and public safety.

Having a site's principal decision-makers and influencers serve as members of the PCG has multiple benefits: They bring subject-matter expertise regarding their respective roles, carry substantial decisional influence or authority within their agencies, help shape public policies and attitudes, have access to both intellectual and financial resources, are essential thought-partners in conceiving and implementing meaningful systems change, give voice to both longstanding and emergent community priorities, and can help identify and address potential contradictory policies or operations. For example, if the local probation chief, the director of case management services, and senior member of a local justice advocacy group sit on the PCG, it is more likely that they will contribute to and benefit from conversations regarding eligibility, priorities, and practices.

Additionally, it is important for the PCG to include people who may not be functionally engaged in the LEAD project but who hold important roles within the community or in the jurisdiction as a whole. For example, although the city councilmember who chairs the city's criminal legal committee may not represent the LEAD pilot district, this official nonetheless plays an important role in supporting, shaping, and advancing LEAD in the area.

Because the PCG is made up of senior leaders with multiple competing obligations, it is important to use their time effectively. The PCG should be expected to meet regularly and frequently throughout a site's planning and early implementation processes; during the planning stage in particular, sites may find it valuable to meet as frequently as weekly or biweekly. Once the PCG has approved both policies and operational procedures, the PCG may taper to monthly or quarterly PCG meetings.

However, every LEAD site operates within a complex and constantly shifting context, so as stewards of their initiative, every site's PCG is expected to abide by a regular and consistent meeting schedule after the project's launch, allowing them to provide oversight, review data, receive reports from the OWG and CLT, and undertake collective inquiry and problem-solving with the high-level decision-makers and community influencers who serve on the PCG. Once the project is launched, it is essential to ensure that communication remains strong; in addition to providing monthly updates by email, the project manager (and members of the PCG themselves) should take opportunities to nurture the relationships by attending events important to the PCG's members, such as racial justice events, city council meetings, mayoral town halls, public health fairs, police academy graduations, and more.

The PCG holds substantial responsibility for establishing and overseeing the initiative's purpose and structure. The PCG typically develops and executes a project memorandum of understanding (MOU) that documents the agreements among all partners; selects the project management entity and ensures adequate project management; reviews and approves operational protocols; reviews and approves contracting processes for project services; reviews reports submitted by the operational partners and project manager; ensures the development and implementation of an appropriate evaluation plan; sets communications policies; approves the project's budget; and provides oversight to project contracts.

In some jurisdictions, the PCG may not hold responsibility for initially selecting a project manager. In these cases, an agency may be identified and tasked with the responsibility to spur the development of a LEAD initiative in a local site. In this role, the host agency may choose to appoint or hire a staff person to serve as project manager and will reach out to other agencies to establish the PCG. In such cases, it is

especially imperative that project managers be permitted to operate in some sense at arm's length from the agency for which they work, operating not as advocates of the host agency but rather as trusted partners of all of the other partners.

The project manager works with PCG members to schedule all meetings, develop agendas, collect information, and facilitate the meetings. It's critical that the project manager is in conversation with each PCG member between meetings to understand any LEAD-related issues emerging from their respective agencies and to enable each PCG meeting to be effective and efficient. As a rule, nothing that comes up in a PCG meeting should be a surprise to the project manager or to any of the relevant agencies.

As a regular practice, the project manager should prepare a draft agenda for each PCG meeting, circulate it to all PCG members for review, and share the final version 24-48 hours in advance of the meeting.

The project manager facilitates PCG meetings and ensures that meeting notes are taken, distributed, and archived. Because it can be difficult to facilitate and take notes at the same time, it may work best to rotate note-taking responsibilities among PCG members.

B. Operations Work Group

A site's Operations Work Group (OWG) provides a common table for the day-to-day implementation partners to collectively monitor, identify, discuss, and address operational, administrative, and client-specific issues. Using this ongoing inquiry, the OWG develops protocols to ensure that the operations reflect and are consistent with policies established by the PCG.

The OWG is composed of line-level personnel, including mid-level supervisors, who carry out the day-to-day operations of LEAD. The members are appointed by the PCG and typically include police officers, assistant prosecutors, public defenders, case managers, other service providers, and community leadership representatives.

The OWG is responsible for developing operational protocols consistent with policies set by the PCG. These protocols identify the entities authorized to conduct arrest referrals and social contact referrals and under what circumstances, and will draft protocols to operationalize the necessary activities. Essentially, these protocols document the who, what, where, when, and how of LEAD. In many cases, the project manager is charged with drafting the documents, using input from and review by the OWG. After the OWG has approved the draft of the operational protocols, it is sent to the PCG for review and final approval.

Once the PCG has approved the protocols, the OWG begins implementing and managing LEAD's day-to-day operations. The work of the OWG, which typically meets biweekly, usually includes two areas of consideration: administrative operations among the partners and client case review:

- **Project Operations**: The OWG is responsible for collectively ensuring smooth day-to-day operations of the project, identifying emerging community issues that may shape or affect the project's work, and identifying and proposing any policy changes that should be considered by the PCG.

- **Case Review**: At each meeting, the OWG discusses new arrest diversions or social contact referrals, the reason for diversion, whether those referred have completed their intakes, and clients' case plans. The OWG jointly problem-solves to identify options and potential solutions to support clients' progress. Every person who accepts referral into LEAD has signed a Release of Information, which allows client-specific, non-anonymized information-sharing among the LEAD partners. However, the members of the OWG should limit discussions of client information to matters pertinent to the well-being of the participant and public safety. It is the responsibility of all partners of the OWG to respect the clients' humanity, dignity, and privacy.

As with the PCG meetings, the project manager is responsible for scheduling all OWG meetings, developing agendas, collecting information, and facilitating OWG meetings. The project manager should also ensure that meeting minutes are taken.

It is recommended that the OWG develop and maintain methods to allow a participant spreadsheet in a format that is accessible to all members of the OWG and PCG—separate and apart from the contact management system. The spreadsheet should include the participant's name, age, race, gender, diverted charge or social contact, date of diversion/social contact, case manager, referring officer, if an intake was completed, and a brief synopsis of ongoing services. Some jurisdictions have also found it useful to have a photograph of each participant, although this information should be used with due care and respect. Case management notes can also be included but they should be kept general to protect the participants' privacy.

C. Community Leadership Team

Community Leadership Team (CLT): Quite often, systems-led initiatives are developed and decided behind closed doors, and community engagement becomes little more than a box to be checked, with no meaningful input from the community about its priorities, ideas, needs, or transparency.

With LEAD, it is imperative that the community hold a meaningful role in its planning, launch, and ongoing operations. To this end, many LEAD sites establish a CLT to advance communication with and connection to the project's larger community of stakeholders; provide opportunities for community input on the project's implementation; and serve as informed stewards of the site's intentions.

In addition to law enforcement officers, prosecutors, elected or appointed officials, and service providers, important community voices and perspective can be found in the form of civil rights groups, neighborhood associations, business district associations, police oversight boards, drug users and sex worker organizations, justice-involved advocacy groups, and religious communities. It is important to ensure that the composition of the CLT reflects the communities most impacted by street-level law enforcement.

Having active community members seated at the LEAD table helps to ensure support, accountability, and improved police-community relations. A CLT also serves as a bridge between law enforcement and the communities they police, helping ensure that LEAD advances reforms in police behavior and illuminating areas of police-community relations that are otherwise too readily overlooked or ignored.

Typically, the CLT is led by a community engagement coordinator, who also has a seat on the PCG and OWG. The community engagement coordinator should be employed by a community-based organization that has good standing within the community and works on criminal or health system

reform, with particular attention to social determinants of health, including racism, classism, sexism, homophobia, and transphobia. Given that any community contains a wide variety of stakeholders with important and diverse perspectives, sites may decide to establish a larger number of seats designated for community representatives, particularly on the PCG.

Finally, in order to remove barriers to community members' involvement in the CLT, LEAD initiatives should establish budgets to support their work, to include costs such as food, childcare, transportation, and stipends for community representatives.

VI. STAFFING

As the backbone to LEAD's day to day operations, LEAD relies on an integrated team of funded positions: project manager serving as the hub of all policy and operations; contracted case management staff providing outreach and service-navigation; and (ideally) a community engagement coordinator to cultivate partnerships with diverse representatives of the broader community, which may include racial justice groups, harm reduction or sex-worker advocacy coalitions, business associations, community influencers, elected officials, religious organizations, and justice-involved people and their families.

In general, the LEAD model encourages operational differentiation, meaning that project management and case management should not be provided by the same organization. Typically, this means that case management is provided by a contracted case management agency selected and operated under the authority and oversight of the PCG, which delegates day-to-day oversight to the project manager.

This means that the project manager does not employ, supervise, or direct the work of case managers; those duties are the responsibility of the case management agency. However, the project manager closely collaborates with the case managers just as they do all other project partners, all of whom are members of the OWG.

A. Project Manager

The key staff position in any LEAD initiative is the project manager, who coordinates all aspects of the initiative and manages its day-to-day activities. A trusted partner of all partners, the project manager serves as resource and liaison to both the PCG and the OWG. LEAD is a consortium of politically independent actors; therefore it is desirable for the project manager to be primarily loyal to the initiative itself, independent from all political and operational stakeholders.

Project management for LEAD is a demanding, sophisticated function, one that requires a mix of strategic, operational, and interpersonal skills along with deep understanding of the criminal legal system, behavioral health, justice reform, local service landscape, and larger community.

As liaison to the PCG, the project manager is responsible for ensuring that the PCG's decisions are communicated to the OWG and other relevant stakeholders for implementation. As liaison to the OWG, the project manager ensures the smooth implementation of all aspects of the project's work; manages budgets, evaluation, and communications; serves as the hub for all the partners and stakeholders; and often serves as the primary external representative of the initiative. Responsible for convening and organizing the work of the PCG and OWG (and often the CLT as well), the project manager troubleshoots stakeholders' concerns, works to identify resources, facilitates meetings, develops information-sharing systems, coordinates gathering community input and participation, and streamlines communication.

B. Case Managers and Intake & Outreach Coordinator

Truly effective, harm-reduction, non-coercive case management is essential to the success of LEAD initiatives. Harm-reduction case management recognizes that individuals most at risk of negative physical, psychological, and social health outcomes due to various forms of systemic marginalization – including the harms of poverty, racism, genderism, ableism, and the weaponization of the war on drugs and other forms of socially sanctioned oppression – have well-founded reasons to be reluctant or unwilling to seek the support and services they need, when those services are housed in traditional institutional settings and operated with traditional clinical methodologies, expectations, and requirements. In recognition of these structural realities, harm reduction agencies bring these essential health interventions to participants in the streets.

LEAD case management must be grounded in a participant-centered, participant-driven, street-based practice that utilizes the best practices of harm reduction and evidence-based approaches to identify and support improvements in health and safety both for participants and for the larger communities in which we live.

In the LEAD model, case managers and the intake and outreach coordinator comprise a street-based team responsible for primary, participant-facing contact and services.

▪ **Case managers**: Generally speaking, LEAD should operate with client-to-case-manager ratios of no more than 25:1; given LEAD clients' complex and long-term needs, a ratio of 15:1 is highly preferable. Many sites begin with a small pilot population (whether defined geographically, through local analysis of repeated arrests, or other criteria), building capacity only as case management staffing can be increased.

It should be noted that while the case managers play an invaluable role—they are often called the "secret sauce" to LEAD's success—they cannot meet all of a participant's needs. Instead, they connect participants to all available resources. They work to help the participant identify needed services and get them registered into those services. They even transport the participant to services and stay with them to provide support, whether it's a doctor's appointment or a court hearing.

LEAD should also utilize peer outreach and counseling, as there is substantial evidence that highly marginalized populations can be successfully engaged by peers with similar life experiences. Lastly, case managers and peer-support workers should have training in trauma-informed care and be culturally competent.

▪ **Outreach and Intake Coordinator**: Perhaps the most agile staff position within LEAD, the outreach and intake coordinator (OIC) acts as the contact point for all referrals to LEAD case management. Often hired once a jurisdiction has developed sufficient participant numbers and the financial capacity, the OIC is designed to serve as the first point of contact during a warm hand-off or initial contact with social contact referrals. The OIC conducts street outreach, as needed, to locate and attempt to engage referred individuals who have yet to complete intake or who are not regularly meeting with their case manager. They ensure effective and efficient communication and collaboration between all partners involved in referring and receiving referrals for LEAD, starting with the referral agency and the participant. The OIC can also provide after-hours, on-call phone response to referrals to LEAD case management, depending on a number of things including

funding, opportunities for diversions, and availability of services to meet participants' immediate or urgent needs.

As with case managers, the OIC must develop and maintain positive, collaborative relationships with all LEAD partners and other service providers. They should have demonstrated ability to provide street-based outreach and engagement services to a complex population, as well as experience developing positive, collaborative relationships with law enforcement and social services providers.

C. Community Engagement Coordinator

The community engagement coordinator (CEC) provides staff support and leadership to the CLT. Coordinating with—but not supervised by—the project manager, the CEC ensures meaningful community input, conducts community education, and reviews ongoing LEAD-related administrative and operational data. The CEC attends all PCG and OWG meetings and provides community-based solutions to continue to improve LEAD.

It is important to recognize and redress the innate power differential between institutional authorities and representatives of community groups, including the CECs. All partners, including project managers and members of the PCG and OWG, must work to maximize legitimacy and the value of community voice and representation, avoid tokenism, and understand community members' often difficult and painful experiences with institutional authorities and gatekeepers, including police, prosecutors, businesses, and social service systems. To this end, many LEAD sites provide cross-training opportunities, relationship-building, and community-led forums to support community engagement and power-sharing.

D. Other Funding Needs

In addition to staffing, costs of subcontracted case management, and ordinary operating costs, budgets for LEAD sites should also include funds for important operational functions:

- **Flexible participant funds**: Including a line item to cover flexible funds that can be readily used by case managers to meet clients' modest and variable needs is an important element of the LEAD model's budget. Meeting participants' immediate needs allows case managers both to build trust and to increase efficacy of their interactions with participants – people have a hard time focusing if they're hungry or cold. Expenditures may be as varied as buying a participant a sandwich, providing a package of diapers for a participant's child, or covering the cost of a prerequisite TB test for someone eligible for emergency housing.

- **Travel funds to underwrite site visits:** Although the LEAD National Support Bureau is the official source for formal training and assistance, jurisdictions can also substantially benefit from visiting other sites that are implementing LEAD with fidelity and efficacy. Such site visits allow teams the chance to see LEAD in action, meet their counterparts, sit in on PCG and OWG meetings, and build deeper relationships and understanding among their own team members. Thus, LEAD budgets should include a line item for travel costs (flights, hotels, per diems, and ground transportation) to underwrite the cost of a trip for a representative delegation, which might include as many as 10 to 15 people. Note that the National Support Bureau is available to help sites identify other jurisdictions that might be appropriate for peer-to-peer site visits and learning.

E. Other Non-Funded Functions

Typically, a LEAD budget includes funding for a number of specific functions and costs, as indicated above. However, each LEAD initiative also requires certain functions that are typically provided by project stakeholders on an in-kind basis. Usually, LEAD budgets do not provide dedicated funding for LEAD-related activities conducted by police departments, prosecutors, public defenders, or city or county leadership. This in-kind relationship recognizes that LEAD is designed to provide stakeholders with new opportunities to reduce the overall use of the criminal legal system.

In some jurisdictions, however, modest funds are set aside to pay for certain activities provided by a partner who is otherwise operating on an in-kind basis; for example, funds may be used to underwrite the cost of overtime for officers who attend OWG meetings to discuss specific cases, for data and administrative analysts to extract and analyze administrative data from public systems such as arrest and prosecution statistics, or (depending on the initiative's scale) for a dedicated prosecutor to oversee cases involving LEAD clients.

It is the responsibility of the PCG to determine which functions should be funded and which are requested on an in-kind basis.

VII. DATA, EVALUATIONS, AND CONFIDENTIALITY

A. Data Types and Sources

Data-driven review and decision-making are more than just buzzwords for LEAD. Indeed, the collection, receipt, and review of data are essential to operations, to fulfilling LEAD's deepest intentions, to tracking systems change, and to gauging the project's capacity to improve positive trajectories for participants and the larger community. LEAD evaluation and data plans should be developed and approved by the PCG and implemented under the day-to-day management of the project manager.

Under direction of the PCG and in partnership with an internal or external evaluation team (whenever possible), the project manager is responsible for ensuring that all project partners contribute to the implementation of the data and evaluation plan. The PCG is responsible for establishing and maintaining the initiative's data protocols, data sharing agreements and legal compliance, and data reporting. In addition to establishing protocols related to the client data gathered within the project itself, the PCG is also responsible for defining the data sets and protocols required of each of the project's systems-level partners.

Generally speaking, there are two sources of data relevant to LEAD: operational data and administrative data.

- **Operational data** are generated by collecting information about and from people who are referred into LEAD, from the moment of referral throughout the participant's time in LEAD. Sites should ensure that their data and evaluation plans are supported by and reflected in the initiative's daily operational processes: Each element of data gathering, inputting, extraction, and analysis should be built in standardized forms, processes, and technological data systems.

- **Administrative data** are generated through operational systems that are not specific to LEAD. These should include program-specific and larger community-level data, including law enforcement data

(police stops, arrests, demographics), jail data (bookings, referral charges), and public systems (health system, homeless systems, emergency rooms, psychiatric holds).

B. Evaluations

Evaluations are an important tool in sustaining LEAD in any site, allowing the project to demonstrate impact and value. Further, evaluations support LEAD sites in adhering to the goals and core principles, meeting desired outcomes, assessing efficacy of systems change, and improving the lives of participants.

With this in mind, it is important for all LEAD sites to develop and implement an evaluation plan that measures metrics of greatest importance to the local site's stakeholders. Identifying these metrics is not a cookie-cutter process. Sites are well advised to convene multiple stakeholders – including potential evaluation partners, if possible – to engage in robust, searching conversations about the specific problems that the site is trying to address.

Undertaking a preliminary data analysis can be immensely valuable to informing this conversation. Pulling arrest data (including demographics) for a given jurisdiction for a defined period of time can help sites identify high prevalence, low-level conduct that burdens law enforcement, provides no benefit to the community or change in outcome for arrested individuals, and diverts resources and opportunities by unnecessarily bypassing more effective, less costly, less harmful community services. This preliminary data analysis can also help quantify the number of arrests that could be diverted (saving both money and law enforcement time), and help identify the two-dozen or 400 familiar faces whose suffering is apparent for all to see.

From this, the site can begin to understand its primary desires: Is it to reduce community complaints and subsequent law enforcement response for people arrested more than six times in the prior year on trespass, vagrancy, or shoplifting? Is it to reduce the challenges faced by business owners struggling with open-air drug use in a particular district? Is it to establish harm-reduction, street-based case management and services to reduce risk of overdose, reduce ER use, and increase reported quality of life for people in a community that previously has offered only clinic-based abstinence treatment?

To this end, it is recommended that the PCG engage potential evaluators early in the planning phase. Doing so will provide evaluators opportunity to understand the local priorities, identify what the partners hope to accomplish from the earliest stages, and understand how those goals might be quantified and tracked.

C. Confidentiality

To support participants' success in the context of LEAD's collective impact framework and multi-partner operations, partners must be able to efficiently and appropriately share information among case managers, police officers, and other LEAD operational partners.

Thus, as one of the two preconditions of enrollment into LEAD, participants are required to sign a release of information (ROI) form that explains that case information will be shared, who will have access to it, and why this is necessary. This is an essential part of how LEAD operates; without such consent, it is not possible for an individual to participate in LEAD.

It must be remembered that respect is at the heart of LEAD: respect for a person's humanity, dignity, and privacy. LEAD partners must embody this spirit of respect by gathering, using, and sharing client information carefully, compassionately, and purposefully.

It is just as important to be respectful in how sites store, share, and use that information. Various laws govern the use of confidential or protected information. Subcontractors are required to know and comply with confidentiality regulations, including the Code of Federal Regulations 42, Part 2 (42 CFR, Part 2), Health Insurance Portability and Accountability Act (HIPAA), and all other applicable federal and state statutes and regulations.

Each site should ensure that their ROI forms comply with local, state, and federal laws. Sites should also ensure that case managers and other client-facing staff are trained in the purposes and use of the ROI, what it protects, and how to explain the ROI to participants to ensure they understand what they are signing.

VIII. COMMUNICATIONS

As a multi-partner collective impact initiative with integrated policies and operations, it is essential that LEAD sites develop efficient and comprehensive communications plans and protocols to appropriately inform both internal and external stakeholders. Well-developed communication protocols will ensure that all stakeholders have access to relevant, timely, accurate information about LEAD's purpose, operations, and progress.

With the input of the OWG and the approval of the PCG, the project manager is responsible for developing a communications plan and for managing day-to-day internal and external communications. As a central element of these plans, site stakeholders will need to determine who can "speak" on behalf of LEAD, and in what circumstances. In many cases – but perhaps not all – the project manager will serve as the project's official spokesperson.

However, sites must also identify and codify any circumstances in which the project manager cannot speak for the project or for any of the project's partners, or in which the project manager must coordinate communications with others, such as various agencies' communications staff, the police department's public information officer, or the mayor's communications director.

A. Internal Communication

The project manager is responsible for ensuring communication lines are open among all partners and formal bodies (PCG, OWG, and CLT) for LEAD-related information. As part of the ordinary duties facilitating PCG and OWG meetings, the project manager must ensure that appropriate meeting notes are taken, shared in a timely manner with relevant stakeholders, and archived for ready access and reference. The project manager also partners with the community engagement coordinator to elicit feedback from and share information with the Community Leadership Team.

The project manager acts as a liaison between the PCG and OWG to communicate developments or needs. This communication allows for policy makers to be assured that LEAD is operating in a manner consistent with established protocols and in line with the core principles and goals of LEAD. This also allows for ongoing communication between the OWG and PCG so that needs are addressed in a timely fashion.

The project manager may need to schedule time-sensitive or urgent meetings around specific policy or operational needs outside the regularly scheduled meetings. Although these meetings may only involve some partners, the subject, content, and outcomes of these meetings should be communicated to all partners as soon as possible.

Members of all three bodies may have questions outside regular meetings, and the project manager may not always be the best person to answer those questions. For example, if a case manager wants to know a participant's next court date, the prosecutor or public defender may be the best person to provide the answer. The case manager is empowered to reach out directly to the prosecutor or probation agent, but should copy the project manager on any correspondence with PCG and OWG members to foster smooth communication.

B. External Communications

Any LEAD initiative is complex. It elevates important issues of local public policy, and it engages and affects a remarkable array of stakeholders. Consistent, clear, and audience-specific external communications can substantially enhance a project's acceptance, efficacy, and sustainability.

Decision-makers and operational partners are involved in LEAD's day-to-day operations, but community stakeholders are essential to its success. In every LEAD community, it's important that a broad array of community stakeholders – businesses, civic engagement groups, advocacy coalitions, faith leaders – understand what LEAD is, have a voice in LEAD, and have access to information on the progress of LEAD. The PCG and project manager should support the CLT, through the community engagement coordinator, to develop a community presentation and outreach plan. The community engagement coordinator should ensure the appropriate partners are involved in the outreach plan. The community outreach plan should include developing materials and scheduling presentations for neighborhood groups, community-based organizations, business groups (e.g. business improvement districts and the local chamber of commerce), political leaders, and advocacy groups.

The LEAD collaborative includes high-level elected and appointed officials. These officials are contacted by media sources on a regular basis, and will receive inquiries on policies, procedures, and specific individual cases. It is important that the PCG establish a media protocol to ensure the partners are aligned in messaging LEAD and for any case-specific responses. There is no room for finger-pointing, even inadvertently, in LEAD – the collaborative owns both success and failure.

One way to ensure all partners stay on message is to regularly develop, update, and circulate talking points. Additional tools that can support LEAD's visibility and advance public awareness are opinion pieces, newsletters, and a slideshow presentation that can be shown and distributed at meetings of all sizes.

Finally, some of the most important messages about LEAD are found in stories of people directly impacted by LEAD participants' actions, including victims of theft, bystanders who witness an arrest diversion, or people who call the police in response to someone in distress near their residence.

IX. STARTING AND SCALING

In considering implementing LEAD, each site should recognize the difference between LEAD in its initial implementation and LEAD at scale within the site. Many sites strive to go to scale from the start – a full

city, a full county, a region that includes a city and surrounding smaller towns. This is an understandable temptation, but sites must first determine the size, scale, and scope of the initiative. This includes the geographical area in which LEAD will operate, the times that case managers will operate, and which officers will be trained to make diversions. They will also need to develop a plan for scaling, as they will want to grow in a smart, deliberate fashion. LEAD can be complicated so smartly growing it can ensure operational partners' needs are met and participants are served appropriately.

While many jurisdictions would like to begin by implementing LEAD across its entire region, twenty-four hours a day, seven days a week, this is usually not feasible. LEAD is complicated, and the initiative's long-term sustainability depends on its efficacy and wide support. Thus, it is best to design LEAD to start within a pilot zone, during specified times, with a group of officers well-trained on the principles of LEAD, harm reduction, and the process of making a diversion, and with a strong operating partnership.

A number of factors will play into the decision about where and when to start. As noted, the case manager to participant ratio needs to be low so that case managers can spend time building relationships and meeting participants in the field. Case managers also need to be able to bring participants to appointments with providers that are only open during the day. This means that when LEAD first starts the number of case managers will determine the number of participants that can be accepted. Even if there is funding for multiple case managers jurisdictions may want to space the hiring out as part of a scaling plan so that as diversions/referrals increase more case managers are hired.

Geographical area and times of operation can be greatly influenced by density of population and size of the area. Jurisdictions need to take into consideration not only the number of participants they can serve, but also the time it takes for a case manager to respond for a warm handoff and where the services are located.

It is also important for the police department to be able to routinely assess how the initiative has been implemented regarding officer understanding, buy-in, involvement, and diversions/referrals. This is difficult to do if LEAD has too big a span of control. Starting out in a smaller pilot zone with a defined number of officers will enable the appropriate span of control so that operations can be assessed and adjusted as necessary.

This means the geographical area and times of operation need to be determined by the PCG in coordination with the OWG and CLT. This should be done with full transparency to the community at large and with the goals of LEAD in mind.

The scaling plan can include expanding the hours in the current geographic area and/or expanding the geographical footprint itself. In order to do this additional case managers will need to be hired, additional police officers will need to be trained, and community and business engagement should occur.

X. TRAINING AND EDUCATION

Successful implementation and continued operation of LEAD requires training of stakeholders and operational partners. It also requires community education which enables community groups, business associations, and potential participants to gain an understanding of what to expect from LEAD.

A. TRAINING

i. Officer Training

Jurisdictions adopt LEAD only after careful deliberations and consideration, and in order to achieve specific and systemic changes that no agency can solve on its own. In every jurisdiction, officers can readily identify (and often name) a number of people who are endlessly cycled from the streets to the jails and courts and back to the street, people with complex and chronic behavioral illnesses whose needs remain both problematic and unaddressed.

Trainings for officers should take care to explain that LEAD is designed to provide a new tool that better meets the needs for these people and that can support officers in their sworn duty to foster public safety and order. Such trainings should explain LEAD's purpose and operations, how it aligns with and complements other criminal legal interventions (such as crisis intervention teams, co-responder approaches, and specialty courts), and highlight the ways in which LEAD represents a new collaborative tool, one that allows immediate response from the project's operational partners while also providing officers with ongoing information about participants' progress and complications.

Command staff and officers should also receive training into the fundamental elements that differentiate LEAD from all other interventions and that are proven to be the most effective approaches to working with people whose unlawful behavior stems from unmet behavioral health needs, including harm reduction, motivational interviewing, Stages of Change theory, and long-term case management.

Lastly, it is important to acknowledge that LEAD both encourages and reflects the shift in philosophy in how to better respond to people who multiple police-related contacts are driven by behavioral health issues, homelessness, or poverty. It is important that all of a LEAD site's partners recognize and acknowledge the Chief's, Commissioner's, or Sheriff's leadership to improve approaches to public safety while preserving individuals' dignity and freedom.

ii. Case Manager and Outreach/Intake Coordinator Training

LEAD-style case management deploys a set of methodologies and modalities that make it distinct from traditional case managers and case management agencies. LEAD case management *must* be non-coercive, non-time-delimited, street-based, and built on harm-reduction and steeped in Stages of Change theory and motivational interviewing practices. Thus, it is essential that case managers, outreach workers, and case management agency directors receive both initial and ongoing training into LEAD's purpose, practices, and methods.

Further, LEAD builds a collective impact, collaborative, integrated system of care, one in which diverse partners share information, jointly problem-solve, and respect each other's authorities and value. In LEAD, all operational partners – including case managers and police officers – have important roles in the Operations Work Group, and they must develop the capacity to work with each other. To this end, it may be helpful for officers and case managers to participate in shared trainings and in cross-training, to help them understand the realities, challenges, and resources each stakeholder brings to bear.

iii. Operations Workgroup Training

The OWG plays an integral role in the success of LEAD. The OWG meets on a regular basis and discusses the progress of participants and works together to solve complex issues that participants face. They also

help identify gaps and needs that are critical in the growth of LEAD. The OWG meetings are facilitated by the project manager and held in a collaborative, collective voice fashion. Sensitive information shared at the meetings needs to be protected as it is imperative that all partners keep with the premise that no participant should be worse off for enrolling in LEAD.

The collaborative functions of the OWG are often different from those of other initiatives the operational partners are involved in. It is thus important that the OWG receive a block of training on the goals and objectives of the OWG, how to handle sensitive information, and their role within the LEAD structure.

B. EDUCATION

i. Community Stakeholders

The community at large is an important stakeholder in LEAD. Community members are always part of a public safety strategy and need to be given a voice on what this strategy is, and how it will be implemented. Working with the community from the earliest points of exploration is crucial to an effective initiative. The Policy Coordination Group should ensure that a community engagement plan is developed, approved, and implemented. This should include conducting community presentations to educate the community on LEAD and to provide an opportunity for meaningful input and direction-setting. This education should be led by the community engagement coordinator in coordination with the Community Leadership Team, wherever possible.

ii. Business Community

As part of the larger community, the business community is also an important stakeholder in LEAD. They not only bring needed resources to LEAD but their involvement helps divert cases where businesses are the victims of crimes. In many jurisdictions, the business community provides resources for participants such as care packages, gift cards, and bus passes. The business community can also serve as peer ambassadors to other businesses, explaining LEAD's benefit to their own businesses and to public safety. It is therefore important to conduct outreach to the business community. This can be done in conjunction with the business representatives on the PCG, the community engagement coordinator, and the Community Leadership Team.

iii. Service Providers/Community Based Organizations

In a LEAD initiative, case managers do not provide direct services; rather, they build rapport and relationship with participants, serving as informed and trusted conduits to existing community resources. It is therefore important to conduct outreach to service providers and community-based organizations as their services will be needed. This outreach should be conducted by the project manager and include the case management team.

XI. INTER-JURISDICTIONAL COLLABORATION

It's important to understand the operational and policy-related implications of inter-jurisdictional collaboration. If a site begins by initially operating in one city precinct, the expansion into multiple precincts within the same city is a challenge more of scale than of complexity.

But if a site begins in one city and expands into another (even if it's geographically adjacent), complexity immediately enters the picture. In most cases, such a move would involve adding a second project manager; it would likely bring a new law enforcement agency into the partnership; it might involve a new set of local leaders, including city council, business associations, and community groups; it would generate operational questions for connecting participants to case managers and services across a larger geographic region; it might reflect very different economic, demographic, political, and public safety contexts. Further, resources may be very different in one community as compared to the other, raising differences in operational capacity and competing expectations.

Today, there are some counties, states, and geographic regions in the United States that are implementing more than one LEAD initiative. Whenever this occurs, it is very important that jurisdictions work together – from the planning stages onward – to maximize policy and operational alignments, collaborate on opportunities, and leverage existing or potential resources.

To support such cross-jurisdictional projects, sites may decide to create mechanisms for shared stewardship, learning, and planning. This might include forming joint stakeholder committees; standardizing policies, procedures, and protocols; sharing (or expanding) a community-based case management agency; conducting joint trainings; sharing community engagement tools; and developing complementary communications and evaluations plans. In some circumstances, jurisdictions may be able to apply for joint funding or other resources.

There are also several places in which LEAD is being developed as a statewide strategy with statewide assistance and funding. In such cases, the state's stakeholders should encourage similar planning, collective stewardship, and collaborative operations and training.

XII. BUDGETS & SUSTAINABILITY

A. Sustainability

For LEAD, "sustainability" isn't just a proxy for funding; rather, a LEAD site's sustainability has just as much to do with stakeholders who believe in, champion, and advocate for it. Because LEAD is a multi-systems change initiative that involves and is shepherded by multiple public, nonprofit, and community stakeholders, a project's long-term viability and sustainability can substantially depend on those stakeholders' commitment to LEAD as a useful strategy in their jurisdiction. If a county executive, a city mayor, the prosecutor, civil rights organizations, harm reduction coalitions, service providers, and the business community believe in LEAD's value, it is far likelier that the initiative will be able to support its operations by pulling funding from blended sources. Conversely, even a site funded by a substantial three-year state grant may find itself, late in Year 2, floundering to develop a post-grant sustainability plan if it has failed to elicit widespread interest and involvement among an array of essential stakeholders, influencers, and budgetary decision-makers.

B. Core Budget

As stewards of the initiative, the PCG is responsible for determining the project's scale and timeline for gradual expansion, developing the appropriate budget, managing operational essentials (such as hiring and situating the project manager, subcontracting services, and securing office space and necessary technical assistance), and developing and executing memos of understanding with project partners.

The importance of the planning stage should not be underestimated. It is typically time-consuming, complex, and detail-oriented, but an effective and well-managed planning process has lasting value. Costs for this phase of project development are very low; typically, multiple agencies and stakeholders participate in this process on an in-kind basis. Some jurisdictions find it valuable to recruit time from an existing employee or to retain an external consultant to manage the planning process; this may incur a short-term cost.

As planning moves into early launch (hiring staff, retaining space, executing contracts) and service delivery, costs increase. As projects move from initial scale to a more expanded scope over time (by expanding the number of clients served, the geographic region, or the array of services), marginal costs (such as for additional case managers) will increase, although many of the basic operating costs may increase more slowly. *The following table outlines the essential functions that should be considered in a LEAD budget and is offered for illustrative purposes only.*

Funded Position	Salary Range per FTE
Project manager: 1 FTE	$75,000 - $95,000, plus benefits
Case manager: FTEs determined by site's case manager-to-client ratios	$40,000 - $60,000, plus benefits
Outreach and intake coordinator: 1 FTE may vary and may grow as the site grows	$40,000 - $60,000, plus benefits
Community engagement coordinator: 1 FTE	$65,000 - $85,000, plus benefits
Stipends and other meeting costs for community leadership team	$2,500
Travel estimated at $2,000 per staff FTEs	TBD
Flexible client funds (at an estimated $500 per year per client)	TBD
Operational needs (occupancy, phone, copying, design, and printing)	TBD
Technical assistance	TBD
Housing subsidies, additional purchased services (when warranted and possible)	TBD
Indirect costs	TBD

C. Funding Sources

Finding the funds to start up any new initiative is a demanding and important task. Thus, it is all the more important to create a site development plan far in advance of the proposed launch date. Ideally, such a site development plan should map out the path from launch through at least three years, and should reflect reasonable expectations about the project's initial scope and scale and its projected growth in scale and cost.

How sites source these start-up funds varies substantially. In some cases, state budgets earmark funds for LEAD initiatives, which are then awarded to applicant jurisdictions through public RFP processes. In other cases, sites propose to implement their projects through a federal grant application. Sometimes, local stakeholders form a planning group and collectively develop blended funding by weaving together funds piecemealed from multiple existing public and nonprofit budgets.

Whatever the proposed budgets for the project's launch and ongoing implementation, it is essential that partners work together to build a realistic three-year budget funding supported by an informed understanding of attainable resources. It is the responsibility of the PCG to develop plans for both initial launch and long-term sustainability.

Increasingly recognized nationally and internationally, the LEAD model has gained substantial interest at the state and federal levels. LEAD is commonly included as a project eligible for funding through the federal Bureau of Justice Assistance (BJA), the Comprehensive Addiction and Recovery Act (CARA), and the Substance Abuse and Mental Health Association (SAMHSA). A number of states have also begun earmarking public dollars to underwrite local LEAD initiatives.

The federal Affordable Care Act (ACA) passed during the Obama administration established a new policy framework to advance public health by expanding eligibility to many people, and for many services, which had previously been excluded. In many states (so-called Medicaid expansion states), Medicaid provides greater opportunities to address problems such as substance use disorders and mental health disorders.

In such states, Medicaid now requires insurers to cover behavioral healthcare and recognizes mental health and substance use disorders as chronic health conditions. Furthermore, Medicaid expansion states can provide care coordination (case management) services to recipients with chronic health disorders. As LEAD sites develop, plans should be employed to register participants for Medicaid coverage whenever possible.

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